DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2465

Registration District No. 401 Primary Registration District No. 5556 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural, Van Burran Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I/2 mile west Lone Jack Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Rural, Lees Summit R.F.D (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vera L Poteet
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex F M 5. Color or race Whe 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guy W Poteet 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov 30 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	6	6	hr. min.

9. Birthplace New Madrid (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name August Warrington
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town or county) (State or foreign country)

(a) Informant's own signature Guy W Poteet
(b) Address Lees Summit Mo
(a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lobb Cemetry
Signature of funeral director R. B. Webb
Address Blue Springs Mo
June 12 1940 (Date received local registrar) (b) Vernie E. Yankee (Registrar's signature) by Mrs. Clifford Hunt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940 hour 5 minute 20 a.M.
21. I hereby certify that I attended the deceased from June 4, 1940, to June 6, 1940
that I last saw her alive on June 6th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John C Hader (M. D. or other) DO
Address Lone Jack Date signed 6/11/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2317

P. O. Addr. Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vera L. Poteet
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 30 (Day) 188 (Year)

8. AGE: Years 49 | Months 6 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 194 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY